## SUMTER COUNTY BOARD OF COMMISSIONERS EXECUTIVE SUMMARY

SUBJECT:	Renewal from Florida Combined Life Insurance Company (FCL) for (a) Group Term Life and Group Accidental Death and Dismemberment with no rate increase and (b) Voluntary Group Term Life Insurance with no rate increase.				
REQUESTED ACTION: Staff recommends approval					
	☐ Work Session (Report Only) ☐ Regular Meeting	DATE OF MEETING:  ☐ Special Meeting	9/8/2009		
CONTRACT:	□ N/A	Vendor/Entity:			
	Effective Date: Managing Division / Dept:	Termination Date:			
BUDGET IMPACT: \$80,460-Life; \$10,728-AD&D \$170,654-Voluntary Group Term Life(estimated)					
	FUNDING SOURCE:	Various Fund contain	ning payroll (General		
		- ·	ployees fund Voluntary		
		Group Term Life			
Capital	EXPENDITURE ACCOUNT	<b>Γ:</b> 501-590 (Various A	ccounts)		
□ N/A					
HISTORY/FACTS/ISSUES: Life insurance in the amount of \$25,000 is provided for each "benefit eligible" employee in the Group Health Plan. Florida Combined Life (FCL) has provided a flat renewal of \$.30 per \$1,000 of benefit or \$7.50 per month per employee.					
Accidental Death and Dismemberment insurance is also provided. The renewal rate is flat and is \$.04 per \$1,000 of benefit or \$1.00 per month per employee.					
Voluntary Group Term Life can be elected by the employee and paid for by the employee through payroll deduction. These rates are also at a flat renewal.					

## FLORIDA COMBINED LIFE INSURANCE COMPANY

5011 Gate Parkway Building 200 Jacksonville, FL 32256 904/302-7130 FAX: 904/866-4906

Claims: 1 (800) 696-8562

Customer Service: 1 (800) 333-3256

August 20, 2009

SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS 910 N MAIN STREET, SUITE 217 BUSHNELL, FL 33513 ATTN: LITA HART

Re: Group Policy Number 60668

Policy Anniversary Date October 1, 2009

Dear Ms. Hart:

Your Group Insurance program with Florida Combined Life Insurance Company is approaching its policy anniversary date. Each year we review your benefit program to ensure that your premium rates appropriately reflect the liability that Florida Combined Life has assumed by underwriting your program.

Your rates have been recalculated based on the current employees insured. We are pleased to inform you that your rates will remain at their current levels.

		Monthly Rate	
GROUP TERM LIFE		\$0.30	per \$1,000 of Benefit.
GROUP ACCIDENTAL DEATH AND DIS	SMEMBERMENT	\$0.04	per \$1,000 of Benefit.
AASO STD		A\$1.85	per Employee, per Month
VOLUNTARY GROUP TERM LIFE – CH	IILDREN	\$0.19	per \$1,000 of Benefit
VOLUNTARY GROUP TERM LIFE – EM	MPLOYEE***		
	Age	Rate per \$1,000 of I	Benefit
	Under 30	\$0.11	
	30-34	\$0.13	
	35-39	\$0.15	
	40-44	\$0.21	
	45-49	\$0.35	
	50-54	\$0.58	
	55-59	\$0.99	
	60-64	\$1.54	
	65-69	\$2.57	

## OLUNTARY GROUP TERM LIFE - SPOUSE\*\*\*

Age	Rate per \$1,000 of Benefit
Under 30	\$0.11
30-34	\$0.13
35-39	\$0.15
40-44	\$0.21
45-49	\$0.35
50-54	\$0.58
55-59	\$0.99
60-64	\$1.54
65-69	\$2.57

\*\*\*Rates for this/these contributory coverage(s) will remain at the current level(s) for the upcoming policy year. Although the rates are staying the same, you may have employees or their spouse who will move to the next higher age bracket for these coverages. The rates are based on the employee's attained age and the spouse's attained age at the policy anniversary date.

Florida Combined Life appreciates the opportunity to serve you. If you have any questions, or need any assistance with your program, please contact your local Blue Cross and Blue Shield Sales Representative or telephone this office at 1-800-333-3256.

Sincerely,

Amy W. Cain, FLMI, ACS, ARA Underwriter IV

cc: JH

Sue Kelman

**SELF**